

## APPLICATION FOR TRANSIT BENEFIT

Instructions: Complete and return to your executive office.

Name:

\_\_\_\_\_  
(Last) (First) (MI) (Last 4 Digits of Social Security Number)

Home Address:

\_\_\_\_\_  
(Street Name) (City) (State) (Zip)

Work Information:

\_\_\_\_\_  
(Principal Office) (Organizational Unit) (Grade)

\_\_\_\_\_  
(Region) (Building/Room Number) (Phone Number)

YOU ARE ELIGIBLE FOR TRANSIT BENEFITS IF YOU MEET THE FOLLOWING CRITERIA:

1. You are a full-time, part-time permanent or part-time temporary employee of the U.S. Department of Education.
2. While receiving ED transit benefits, you will not also receive any other form of commuter benefit, such as reduced-rate parking in any Federal building.
3. For all or part of your monthly commute, you use some form of mass transit, including: rail, bus, metro, paratransit (for employees with disabilities), or some other carrier certified to receive your local transit fare media (e.g., certified vanpools).

AMOUNT OF BENEFIT REQUESTED (\$65 maximum):

The amount of transit benefits you request may not exceed your average monthly commuting cost.

Amount of monthly benefit requested: ☐ \$10 ☐ \$15 ☐ \$20 ☐ \$25 ☐ \$30 ☐ \$35

☐ \$40 ☐ \$45 ☐ \$50 ☐ \$55 ☐ \$60 ☐ \$65

EMPLOYEE CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE U.S. DEPARTMENT OF EDUCATION AND I AM ELIGIBLE FOR A PUBLIC TRANSPORTATION FARE BENEFIT, WILL BE USING IT FOR MY REGULAR DAILY COMMUTE TO AND/OR FROM WORK, AND WILL NOT TRANSFER IT TO ANYONE ELSE. IN ADDITION, I CERTIFY THAT THE MONTHLY TRANSIT BENEFIT I AM RECEIVING DOES NOT EXCEED MY AVERAGE MONTHLY COMMUTING COST (BASED ON A 20-DAY MONTH, COMMUTING BY PUBLIC TRANSPORTATION).

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001, CIVIL PENALTY ACTION PROVIDING FOR ADMINISTRATIVE RECOVERIES OF UP TO \$5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or uncertified vanpool participant or a holder of any other form of vehicle worksite parking permit with Education or any other Federal agency, and may be used to take any appropriate disciplinary action.

Please complete this form and mail to:

Office of Management/Work/Life Programs Group  
400 Maryland Avenue, SW, 2W321  
Washington, DC 20202

Or, fax to 202-401-0485